

**OFFICIAL**RECEIVED  
CENTRAL FAX CENTER

AUG-02-2004 17:22

NIXON, PEABODY LLP 11TH

585 263-1600 2 2004

**Nixon Peabody LLP**

Attorneys at Law

Clinton Square  
P.O. Box 31051  
Rochester, New York 14603-1051  
(585) 263-1000

Fax: (585) 263-1600

**PRIVILEGE AND CONFIDENTIALITY NOTICE**  
The information in this fax is intended for the named recipients only. It contains privileged and confidential matter. If you have received this fax in error, please notify us immediately by a collect telephone call to (585) 263-1000 and return the original to the sender by mail. We will reimburse you for postage. Do not disclose the contents to anyone. Thank you.

**FAX**

To:	Company	Fax #:	Telephone #:
1) U.S. PTO-Examiner Stockton		(703) 872-9306	
2)			
3)			
4)			
5)			

INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY &amp; CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

From: Ted Merkl	Date: August 2, 2004	No. of Pages: 15 (including this page)	
Comments:			

Original of the transmitted document will be sent by:

First Class Mail       Overnight Mail       Hand Delivery       This transmission will be the only form of delivery of this document

**IF YOU DO NOT RECEIVE ALL OF THESE PAGES, PLEASE CONTACT THE FAX OPERATOR AS SOON AS POSSIBLE AT: (585) 263-1660 or 263-1000 (ext. 1660). THANK YOU.**

CONFIRMATION: DATE SENT \_\_\_\_\_ TIME \_\_\_\_\_ BY \_\_\_\_\_

INTEROFFICE TO:  Albany       Boston       Buffalo       Garden City       Hartford       Manchester       New York City  
 Northern Virginia       Orange County       Philadelphia       Providence       Rochester       San Francisco  
 Washington

To:	Company	Fax #:	Telephone #:
1) U.S. PTO- Examiner Stockton		(703) 872-9306	
2)			
3)			
4)			
5)			

INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY &amp; CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

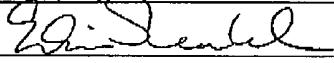
From: Ted Merkl	Date: August 2, 2004	No. of Pages: 15 (including this page)	Client/Matter: 20609/181
User #: 5420	Ext: 1128	Disbursement Amount: \$	

R779462.2

PAGE 1/15 \* RCVD AT 8/2/2004 5:20:46 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/4 \* DNIS:8729306 \* CSID:585 263 1600 \* DURATION (mm:ss):05-06

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/811,838
		Filing Date	March 19, 2001
		First Named Inventor	Miller et al.
		Group Art Unit	1626
		Examiner Name	Laura Lynne Stockton
Total Number of Pages in This Submission	11	Attorney Docket Number	20609/181 (PD-98076)

<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (5 months) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____			
	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> _____			
	Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263- Fax: (585) 263-1600	
Signature		
Date	August 2, 2004	
Registration No. 40,087		

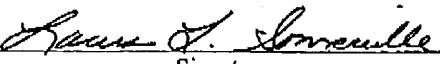
**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

I hereby certify that this correspondence is being:

deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop \_\_\_\_\_, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

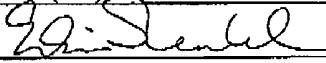
transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306.

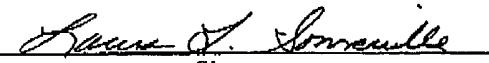
8/2/04  
Date

  
Signature  
Laura L. Sonneville  
Typed or printed name

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/811,838	
		Filing Date	March 19, 2001	
		First Named Inventor	Miller et al.	
		Group Art Unit	1626	
		Examiner Name	Laura Lynne Stockton	
Total Number of Pages in This Submission		11	Attorney Docket Number	20609/181 (PD-98076)

<b>ENCLOSURES (check all that apply)</b>					
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (5 months) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> _____	
		Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263- Fax: (585) 263-1600		
Signature			
Date	Registration No. 40,087 August 2, 2004		

<b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b>			
I hereby certify that this correspondence is being:			
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450			
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306.			
<u>8/2/04</u> Date		 Signature Laura L. Sonneville Typed or printed name	

PATENT  
Docket No.: 20609/181 (PD-98076)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants	:	Miller et al.	Examiner:	
Serial No.	:	09/811,838	Laura Lynne Stockton	
Cnfrm No.	:	9221	Art Unit:	1626
Filed	:	March 19, 2001		RECEIVED CENTRAL FAX CENTER
For	:	LPA RECEPTOR AGONISTS AND ANTAGONISTS AND METHODS OF USE		AUG 02 2004

**OFFICIAL**

**AMENDMENT**

**Mail Stop AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the July 8, 2003, office action and the February 5, 2004 advisory action, please amend the above-identified patent application as set forth hereinafter.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

R705440.2